

Saving Babies From Shaking

By Ann Blake and Jennifer Michael

Millions of people become new parents each year and are seldom prepared for the stress of the job. Crying, late-night feedings, spit-up on that new outfit, and changing smelly diapers day after day can, for some, escalate to uncontrollable frustration and aggravation.

Child advocate George Lithco likens it to the effects of war. "If you read about a lot of the physical symptoms people in combat have, it's something that parents can relate to—stress, trauma, exhaustion."

But as the old adage goes, "kids will be kids." They're simply exhibiting age-appropriate behavior. Children too often bear the brunt of parental frustration, and in just a few seconds, this frustration can be fatal for the child.

Eight children a day die or are severely injured by something that is 100% preventable: Shaken Baby Syndrome (SBS), a severe head injury caused by violently shaking an infant or child for as little as five seconds. It is the leading cause of child abuse deaths in the United States. SBS will afflict an estimated 1,200–1,400 children this year.

"People lose control," says Lithco, whose 11-month-old son was killed in 2000 after being shaken by a 51-year-old caregiver who was having a bad day. "People think it's about crying. Though that's the most frequent precipitator, it's about self-control. It's a flux of things."

"Most cases entail some prolonged crying with children under 1 year old," Lithco explains, "and the parent, who is under a lot of stress, loses control, goes into some sort of rage mode, and does something really violent in a very short amount of time. In most cases, at the time, parents don't even know they're doing it."

Most parents and caregivers prosecuted in shaking incidents have no record of abusive behavior, Lithco says. "You look at some of these cases, and the perpetrators are doctors, lawyers, police officers—and...everybody [who knows the perpetrator] is saying, 'I can't believe it!'"

The Fatal Consequences of a Bad Day

Reflecting on his own tragedy, Lithco says, "If I were hiring a nanny today, we wouldn't have made a different choice. There's nothing about her we missed, other than having a conversation with her in which we gave her permission to say, 'It's a

bad day, I just can't do it tonight.' We all have bad days, and we should only do what we're prepared to do. Every parent gets up some mornings and says, 'I just can't do this.'"

According to newspaper accounts, the night Lithco's son, Skipper, was fatally injured, his nanny was also looking after her own grandson and a third child. She was depressed from a recent divorce, and Skipper was cranky from teething. Skipper spit up while being fed, and the nanny picked him up from his high chair and shook him for only a few seconds. She later pleaded guilty to a charge of reckless manslaughter and was sentenced to 3–10 years in prison.

SBS is a type of whiplash that can have devastating consequences. Infants are highly vulnerable to this kind of force because their brains are softer, their neck muscles and ligaments are weak and not fully developed, and their heads are large and heavy in proportion to the rest of their bodies. When a baby is shaken, even only for a moment, it can cause the brain to rattle around inside the skull and pull apart. In educating parents, caregivers, and teenagers about SBS, the extent of the injury is often graphically demonstrated by placing an egg in a jar and shaking the jar for a few moments until the egg cracks and the yolk splashes everywhere.

For those who survive it, the consequences of this kind of injury can be tragic. In addition to acute brain damage that requires constant assistance for the rest of their lives, survivors of SBS often suffer blindness due to retinal hemorrhaging, and paralysis because of damage to the spine.

"In many cases, by the time [I see them]...their fate is largely sealed," explains Dr. Kent Hymel, Director of the Forensic Assessment and Consultation Team at Inova Fairfax Hospital for Children in Virginia. "It's admittedly frustrating that it's too late. I think the most important gains will come if we can figure out ways to prevent it in the first place."

George Lithco and Peggy Whalen's son Skipper died in 2000, at age 11 months, when his nanny shook him. Lithco and Whalen went on to found the Skipper Initiative to raise awareness of SBS.



Increasing Awareness

Prevention efforts to save children from situations that result in SBS are increasing nationally thanks to publicity from high-profile cases, such as the death of Matthew Eappen in 1997 after a 19-year-old English au pair shook him. Awareness of the consequences of shaking babies is on

the rise, with grassroots prevention efforts and slow steps toward federally regulated preventive measures.

Mark Dias, a pediatric neurosurgeon at Penn State Milton S. Hershey Medical Center, and Associate Professor of Neurosurgery at Pennsylvania State University College of Medicine, is spearheading one SBS prevention program. Dias conducted a study on SBS prevention efforts at 16 hospitals in an eight-county region of western New York State served by the Women and Children's Hospital of Buffalo. Nurse educators trained hospital nurses to distribute pamphlets, talk to new parents, and screen a short video about the dangers of shaking a baby. Parents signed commitment statements, acknowledging they received and understood the education materials. The uniform prevention model paid off dramatically, reducing incidences of abusive head injuries from SBS by 47% at participating hospitals.

Dias's program costs less than \$10 per infant and takes less than 15 minutes per family—a stark contrast to the medical costs for SBS survivors, which can amount to anywhere from \$300,000 to more than \$1 million during the first five years of life. Many states, including Illinois, Minnesota, Missouri, Nebraska, New York, Pennsylvania, and Wisconsin, have adopted the Dias model.

The Children's Trust Fund of Connecticut is promoting a "modified Dias training model," says Executive Director Karen Foley-Schain. "What we found impressive is that, for a relatively small investment up front, the project could net huge gains down the line."

The Children's Trust Fund stepped up its prevention efforts first by holding a community awareness and fundraising campaign that brought 500–700 people together at various venues across the state for dinners and discussions about SBS. The campaign used the money it raised to fund training for about 700 human service providers in Connecticut, from educators to social workers. The Children's Trust Fund is now providing education materials and training for a handful of hospitals in Connecticut, and more are interested.

Foley-Schain says the next phase of Connecticut's project is working with private pediatricians and clinics to give them "really simple, straightforward, powerful information to make a difference."

Similarly, the Wisconsin Children's Trust Fund has been working with maternity wards in hospitals statewide. It helped push legislation through the state legislature this year that mandates hospitals to adopt a Dias-like model to distribute information



PHOTOS COURTESY OF THE SKIPPER INITIATIVE

about SBS to new parents. The legislation also requires the state Department of Health and Family Services to create a registry of documented SBS cases in the state; all licensed child care providers, as well as middle and high school students, to receive information about SBS; and home visitation programs to include SBS information in their curriculum materials.

The Wisconsin Children's Trust Fund is planning to hire a coordinator to work specifically on its expanding SBS prevention efforts. Executive Director MaryAnn Snyder says her organization is also

and promote prevention efforts. Their advocacy efforts focus on teaching parents and caregivers to identify situations in which they are vulnerable, and how to manage these situations.


Demonizing SBS perpetrators is unproductive, according to the philosophy of the Skipper Initiative and similar programs. "We are trying to reach 'good' people who could do a 'bad' thing if they aren't prepared to cope," Lithco says.

The Skipper Initiative has found much success in its efforts to target parents, caregivers, and high school students who regularly serve as babysitters, in addition to pursuing state and national legislation to standardize prevention. "There's a great pressure for child care, but yet, on average, it's certainly one of the worst paying jobs in the United States," Lithco says. "Taking care of four or five kids for \$8 an hour is a lot of stress and a lot of responsibility for not a lot of money and frequently not a lot of training."

The challenge in sending an effective message, he explains, is to make people want to learn the information, instead of forcing it on them. "Even if you know shaking is dangerous, if you haven't spoken to the other child care providers, you haven't protected your child. If you can get that information out to parents to talk to child care providers, then parents feel a lot more comfortable, and you're doing a greater service to your children."

He adds that people have to be able to relate to the circumstances that facilitate shaking, instead of removing themselves from the scenario and thinking this is not relevant to them. "If you get the message to them, and they don't listen to it, you've lost it. If you give it to them and they say, 'Oh, SBS is terrible, don't do it. If someone does it, we should lock them up and throw away the key because they're animals,' well at three o'clock in the morning they are no better off than the person who didn't get the message."

"If someone says, 'Oh shaken baby, crying baby, I can understand that, I can relate to that, and now I understand what I need to do about it,' then protection has been achieved."

Today, the Lithcos take solace in their efforts to prevent Skipper's tragedy from harming another family. They also find joy in the life of their second son, John, who will never know his older brother. John is almost 4, and the Lithcos have yet to trust him to a babysitter. Most likely, John will not have a babysitter until he is at least 5, the age at which a child's skull and bone structures usually solidify, making the child no longer susceptible to SBS. 

Ann Blake is a Contributing Editor, and Jennifer Michael is Managing Editor, Children's Voice.

Common Symptoms of Shaken Baby Syndrome

- Lethargy, decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding, or vomiting for no apparent reason
- No smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Seizures
- Head or forehead appears larger than usual, or soft-spot on head appears to be bulging
- Inability to lift head
- Inability of eyes to focus or track movement or unequal size of pupils



Source: National Center on Shaken Baby Syndrome

developing more ideas for SBS prevention materials, including "caregiver instruction pads" for babysitters and day care providers, prescription pads for pediatricians that are imprinted with warnings to parents about shaking their babies, and more materials geared to young fathers and the parents of toddlers, not just newborns.

Washington State has focused on research that shows many SBS perpetrators are in their early 20s. An eight-minute video called *Have a Plan for Teens*, featuring real-life teens talking about parenting, babysitting, stress, frustration, and the dangers of SBS, is being distributed to schools, teen parents, caregivers, birthing hospitals, and childbirth education classes.

The video—produced through a partnership between the Children's Protection Program at Children's Hospital and Regional Medical Center, the Washington Council for Prevention of Child Abuse and Neglect (WCPCAN), the Conscious Fathering Program of Parent Trust for Washington Children, and the state chapter of the National Shaken Baby Coalition—can be previewed and ordered through WCPCAN's website at www.wcpcan.wa.gov.

Also, Washington's Department of Health is now distributing SBS information to new parents, along with immunization information. Earlier this year, the state began selling license plates that say, "Keep Kids Safe," and feature the handprints of a Washington infant who died from SBS. Fifteen percent of the proceeds from the license plate sales will go to SBS prevention efforts, and the rest will go to child abuse prevention programs, says WCPCAN spokesperson Chris Jamieson.

Finding Solace in Advocacy

After the death of his son, Lithco and his wife Peggy Whalen founded the Skipper Initiative to increase awareness about SBS

SBS Resources

- National Center on Shaken Baby Syndrome
www.dontshake.com
- National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov/disorders/shakenbaby/shakenbaby.htm
- National Shaken Baby Syndrome Campaign
www.preventchildabuse.com/shaken.htm
- SBS Prevention Plus
www.sbsplus.com
- The Shaken Baby Alliance
www.shakenbaby.com
- The Skipper Initiative
www.skippervigil.com

Living with the Consequences—My Family's SBS Journey

By Michele Poole

If your granddaughter lives through the night, she will be a vegetable." On November 21, 1994, I heard those exact words. My 3-month-old baby granddaughter, Gabriela, sustained a traumatic brain injury as a result of being shaken.

This event changed my life and the life of our entire family. That fateful day, my son George admitted that, in a moment of anger and frustration, he shook his infant daughter as he cared for her and her twin sister while their mom was at a part-time job. When I went to the hospital, I had no idea what had happened or the extent of her injuries. When I saw Gabbi in the Pediatric Intensive Care Unit, I did not need anyone to tell me she was close to dying; I could see that through the tears in my eyes.

I thought I had told [my son] everything there was to know about caring for an infant. I never told him not to shake her. It never crossed my mind that anyone would shake a baby or that shaking a baby would cause a fatal or near fatal injury. That is the hidden problem of Shaken Baby Syndrome (SBS). No one ever thinks to tell a parent or child care provider the dangers of shaking a baby in a moment of frustration.

Life as an SBS Victim Family

That first year was surreal. My 24-year-old son was going to jail for five years. I was now, at the ripe age of 44, raising two infant girls that I loved. I wanted to love them as a grandmother, not their mother. I wanted to spoil them and let them get away with things their parents wouldn't let them do. Instead, I was going to court for custody hearings and case plans while the Department of Children and Families of Florida was monitoring the care of the girls at our home.

The first five years of Gabbi's life were immensely difficult. I had no experience dealing with a child overcome with such severe medical needs—one who was unable to communicate even the slightest life-sustaining need without crying or screaming.

I was now caring for a child with seizures, tube feedings, endless diaper changes, multiple doctor visits, and late-night emergency room trips.

We finalized adoption of Gabbi and her sister Michele in 1996. George was in jail. The girls' mother understood the children were better off with me, but we still wanted her to have a role in their lives.

In 1998, I attended my first conference on SBS in Utah. What an enlightening but heart-aching experience it was. I learned all about SBS, what people were doing to prevent it, how the legal system works, and when to investigate and prosecute perpetrators. I was learning what all the medical terms meant. I was also learning there were far too many SBS cases each year and more awareness was needed.

I went home armed with so much information. I started contacting schools in my area, dropping off literature, and asking to talk to their students. I went to day care centers and dropped off SBS information. I visited drug rehab centers and spoke to their clients. I contacted women's shelters and other like-minded agencies in the area to give them literature and to request to speak at one of their events. I would talk to anyone if they stood still long enough.

Spreading the Word: Never Shake a Baby

The information on the National Center on Shaken Baby Syndrome (NCSBS) website is wonderful and provides

the most accurate accounting to date on SBS. There are now many SBS family sites dedicated in honor of a child's memory or life struggle. More and more sites about infants contain information regarding the dangers of shaking a baby.

Many groups have worked to pass legislation for mandatory education in hospitals. Many states have passed laws to stiffen punishment for perpetrators. Many

individuals have spoken on television or in print, sharing their own shaken baby journey. There is still much to do.

See "Living with the Consequences," page 35



Michele and Rodney Poole with granddaughters Michele and Gabbi.

NATIONAL CENTER ON SHAKEN BABY SYNDROME

CWLA MANAGEMENT CONSULTATION

When you need expert guidance and support in the areas of communication, group facilitation, planning, program administration, research design, or analysis, call CWLA, the nation's leading child welfare organization

Our diverse team of experts has the resources and know-how you need as a CEO or manager. With decades of experience as direct-service social workers, administrators and CEOs, planners, and researchers, CWLA consultants draw on the League's vast resources to stay abreast of practice innovations, legislative changes, and promising program and management models.

CWLA provides in-person and over-the-phone consultation in areas like

- crisis management
- developing and implementing program improvement plans;
- implementing and evaluating practice decisionmaking tools;
- evaluating programs, agencies, and systems;
- facilitating systems integration;
- marketing and customer service;
- strategic planning;
- fundraising;
- board orientation and development;
- leadership development; and
- continuous quality improvement.



For information, contact

Kathy Bryant, CWLA Intake Manager

440 First Street NW, Third Floor • Washington DC 20001-2085

202/638-CWLA • Fax 202/638-4004 • E-mail: kbryant@cwla.org • www.cwla.org/consultation

As a benefit of membership, CWLA private and public agency members, except Supporting Advocates, are eligible for 24 hours of consultation annually. Additional consultation is available at a discount. For information on becoming a member, go to www.cwla.org/members.

Living with the Consequences—My Family's SBS Journey

From page 25

Our family is now in its 12th year of our journey. Little Michele is in middle school with glowing grades and a very positive look on life. Hilary Duff is her idol. She loves her sister and helps with her care.


Gabbi attends a charter school in Palm Beach that provides all her therapies as well as education. Gabbi only functions as a 5-month-old, but her school has provided ways for her to actually communicate some of her needs and wants. Gabbi knows she does not like a wet diaper, so they put her on the potty every hour. She has seizures, sometimes as many as 15 a day. We have tried diets along with medicines and have been successful, but her body changes, and we need to find new [medicines]. We are currently using a medicine we can only get from Europe. Amazingly, we have gone from 15 seizures a day, to 2, 1, or none.

Gabbi has had multiple hip surgeries, which I think take more out of me than her. She goes with me to visit middle schools, high schools, parenting classes, drug recovery programs, jails, child abuse prevention seminars, church groups, police, nurses, and DCF workers.

My son was released from jail five years after Gabbi was shaken. I not only lost my grandmother role, I lost my only son. With the circumstances as they are, a relationship with him is impossible.

Many [people] ask me, "How do you do what you do?" I hear, "You are so strong," and "They are so lucky to have you." I respond by saying, "I use the 12 steps of Alcoholics Anonymous." Although I have no addiction problem, I have found that this program's structure gives me the strength to carry on. I believe very much in God and His love for me.

Every time Gabbi clears another hurdle in her life and proves the doctors wrong, I know I am the lucky one.

Our journey continues. We still cross paths with many who are just starting the journey or have been traveling with us for a very long time. We try hard to continue to spread the word. Some people will tell you to make sure your seat belt is buckled, to put your child in the back seat away from the air bag, to wear a helmet when biking or skating, to never let your child sleep on his or her tummy for the first year, to never leave your child unattended at a swimming pool, and to stay away from strangers. SBS victim families will tell you, "Never, ever, shake a baby!" 

Michele Poole, Lake Worth, Texas, is a volunteer consultant and fundraiser for NCSBS. Adapted with permission from the NCSBS website, www.dontshake.com.